

Case Number:	CM14-0000930		
Date Assigned:	01/22/2014	Date of Injury:	08/09/2010
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who reported an injury on 08/09/2010 secondary to lifting. The diagnoses included left lumbosacral radiculopathy. There were unofficial reports of an MRI on 10/17/2011 noting mild degenerative changes to lumbar spine and mild right sided facet arthrosis at L5-S1. There was also an unofficial EMG report on 07/21/2011 noting abnormal results with L5-S1 radiculopathy. The injured worker was evaluated on 12/18/2013 for reports of low back and left leg pain. The exam noted no change in physical exam. The plan of treatment included MRI and EMG of the low back and corset. The request for authorization dated 12/04/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REPEAT MRI OF THE L/S BETWEEN 12/12/2013 AND 1/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

Decision rationale: The request for repeat MRI of the L/S between 12/12/2013 and 1/26/2014 is non-certified. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is evidence of a prior MRI on 10/17/2011. The documentation provided shows no evidence of changes since the prior MRI or objective findings to indicate nerve compromise. There was a lack of documentation indicating the injured workers response to conservative therapies such as physical therapy or medications. Therefore, based on the documentation provided, the request for repeat MRI of the L/S between 12/12/2013 and 1/26/2014 is not medically necessary.

REPEAT EMG OF THE L/S BETWEEN 12/12/2013 AND 1/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Expert Reviewer's decision rationale: The request for repeat EMG of the L/S between 12/12/2013 and 1/26/2014 is non-certified. The California MTUS/ACOEM Guidelines state electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks; however, there is evidence of a prior EMG on 07/21/2011. The documentation provided shows no evidence of changes since the prior EMG or objective findings to indicate nerve compromise. There was a lack of documentation indicating the injured workers response to conservative therapies such as physical therapy or medications. Therefore, based on the documentation provided, the request for repeat EMG of the L/S between 12/12/2013 and 1/26/2014 is not medically necessary.